| 09/837,454                                                               |              |                                           |              |                      |                                 |                   |       |                    |                              |       |                     |                        |  |
|--------------------------------------------------------------------------|--------------|-------------------------------------------|--------------|----------------------|---------------------------------|-------------------|-------|--------------------|------------------------------|-------|---------------------|------------------------|--|
| ·                                                                        |              |                                           |              |                      |                                 |                   |       | Ą                  | Application or Docket Number |       |                     |                        |  |
| PATENT APPLICATION FEE DETERMINATION RECORI<br>Effective October 1, 2000 |              |                                           |              |                      |                                 |                   |       | P20223             |                              |       |                     |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |              |                                           |              |                      |                                 |                   |       | MALL EN            | ππγ<br>□                     | OR    | OTHER<br>SMALL E    |                        |  |
| TOTAL CLAIMS                                                             |              |                                           | 27           |                      |                                 |                   |       | RATE               | FEE                          |       | RATE                | FEE                    |  |
| FOR                                                                      |              |                                           | NUMBER FILED |                      | . NUMBER EXTRA                  |                   | B     | BASIC FEE          | 355.00                       | OR    | BASIC FEE           | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS                                                  |              |                                           | minus 20=    |                      | . 17                            |                   | ı     | X\$ 9=             |                              | OR    | X\$18=              | 1260                   |  |
| INDEPENDENT CLAIMS                                                       |              |                                           | minus 3 =    |                      | . 1                             |                   | 1     | X40=               |                              | OR    | X80=                | 320                    |  |
| MU                                                                       | LTIPLE DEPEN | DENT CLAIM P                              | RESENT       |                      |                                 |                   | Ţ     | +135=              |                              | OR    | +270=               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |              |                                           |              |                      |                                 | L                 | TOTAL |                    | OR                           | TOTAL | 115%                |                        |  |
| 5 25 Claims as amended - Part II (Column 2) (Column 3)                   |              |                                           |              |                      |                                 |                   |       | SMALL I            | ЕИПТУ                        | OR    | OTHER<br>SMALL      |                        |  |
| AMENDMENT A                                                              |              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVI         | HEST<br>MBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA  |       | RATE               | ADDI-<br>TIONAL<br>FEE       |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| MON                                                                      | Total        | · 20                                      | Minus        | •• 6                 | 27                              | <b>-</b> O        | Γ     | X\$ 9=             |                              | OR    | X\$18=              |                        |  |
| ME                                                                       | Independent  | t Minus                                   |              | 7 = ()               |                                 | t                 | X40=  |                    | OR                           | X80=  |                     |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |              |                                           |              |                      |                                 |                   | t     | +135=              |                              | OR    | +270=               |                        |  |
|                                                                          |              |                                           |              |                      |                                 |                   | L     | TOTAL              |                              | OR    | TOTAL               |                        |  |
| (Column 1) (Column 2) (Column 3)                                         |              |                                           |              |                      |                                 |                   |       | DOIT. FEE          |                              | J     | ADDIT. FEE          |                        |  |
| AMENDMENT B                                                              |              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGI<br>NUM<br>PREVI | HEST<br>MBER<br>MOUSLY<br>FOR   | PRESENT.<br>EXTRA |       | RATE               | ADDI-<br>TIONAL<br>FEE       |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                                                                          | Total        | •                                         | Minus        | **                   |                                 | 8                 |       | X\$ 9=             | •                            | OR    | X\$18=              | • .                    |  |
|                                                                          | Independent  | •                                         | Minus        | ***                  |                                 | -                 |       | X40=               |                              | OR    | X80=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |              |                                           |              |                      |                                 |                   |       | +135=              |                              | OR    | +270=               |                        |  |
| BEST AVAILABLE COPY                                                      |              |                                           |              |                      |                                 |                   |       | TOTAL<br>DDIT. FEE |                              | OR    | TOTAL<br>ADDIT. FEE |                        |  |
|                                                                          |              | (Column 1)                                |              |                      | ımn 2)                          | (Column 3)        | ــ ا  |                    |                              |       |                     |                        |  |
| AMENDMENT C                                                              |              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUI<br>PREV          | HEST<br>WBER<br>HOUSLY<br>D FOR | PRESENT<br>EXTRA  |       | RATE               | ADDI-<br>TIONAL<br>FEE       |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| MON                                                                      | Total        | •                                         | Minus        | ••                   | ·                               | =                 |       | X\$ 9=             |                              | OR    | X\$18=              |                        |  |
| AME                                                                      | Independent  | ·                                         | Minus        |                      | IT () A''                       | -                 |       | X40=               |                              | OR    | X80=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |              |                                           |              |                      |                                 |                   |       | +135=              |                              | OB    | +270=               |                        |  |

"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 8/00)

OR ADDIT, FEE